



www.allcaremed.org

30 Grafton Street
Millbury, MA 01527

Tel: 508-865-4857
Fax: 508-865-6370

Email: customer.service@allcaremed.org

Checklist for Drain Bag Requests

- Prescription
 - Signed and dated by MD/NP
 - #quantity per month (maximum of 3)
 - Refills (11 maximum)
 - Diagnosis of either permanent urinary incontinence or permanent urinary retention
 - Primary diagnosis

Fax the request over to Allcare Medical Supply
508-865-6370

Call us anytime to check the status:
508-865-4857

(choose option 3 for the Prior Approval department)